ONCA Conference 2015
Feed-back: Key examples

Anzévui Aude
Responsable Qualité Nutrition clinique
Services Alimentation Diététique
INSTITUT ROI ALBERT II
CANCÉROLOGIE ET HÉMATOLOGIE
Cliniques universitaires SAINT-LUC I UCL Bruxelles

Brussels, March 2016

The European Nutrition for Health Alliance

AIR, WATER, NUTRITION! IT'S A BASIC NEED!

ONCA Conference in Berlin

Our vision: a world with optimal nutritional care for all

'Every patient who is malnourished or at risk of undernutrition is systematically screened and has access to appropriate, equitable, high quality nutritional care'.

3rd-4th NOVEMBER 2015

Over 100 delegates representing 13 countries attended the conference including speakers representing WHO Euro, the Joint Programming Initiative, and the European patient groups EPF and EGAN

COMMON GOALS: IN THE PAST
Involvement in ONCA has enabled many countries to prioritize malnutrition as a public health concern and to engage with their national Ministry of Health (e.g. Spain, Turkey, and Israel).
In Poland, nutrition has been prioritized as the most important field of action by the President of the National Health Ministry.
In Turkey big steps have been made in the implementation of screening in hospitals.
Furthermore areas of expertise are starting to emerge (e.g. discharge management in Israel, self-screening in the UK, public awareness in Turkey).

COMMON GOAL: FOR THE FUTURE
All countries reported that being involved with ONCA will enable them to engage with patient groups.

L. Wilson. ENHA. 2015

ONCA Conference in Berlin

KEY THEMES

A multi-disciplinary and multi-stakeholder national platform is essential for the success of ONCA.

Every country emphasized the importance of including the patient voice in their activities, and the need to engage with patient groups to maximize the impact and sustainability of ONCA.

The involvement and commitment of the Ministry of Health/politicians is vital in driving national change.

The need for public pressure to stimulate Ministry/political involvement is seen as crucial and so raising public awareness is a priority.

Quality indicators for good nutritional care are seen as an important tool to drive sustainability.

OPPORTUNITY

To leverage national activities and possibly even provide funding

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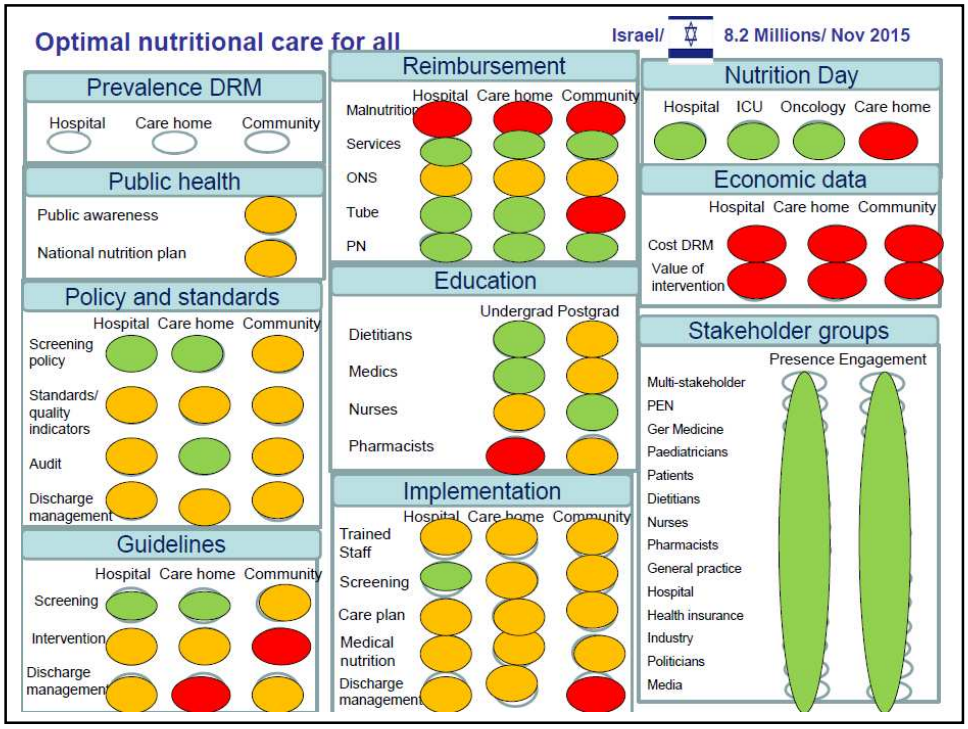
L. Wilson. ENHA. 2015

Israel
The country of the high tech and of solidarity

Pierre Singer, MD

Representative of the National Council for Nutrition

The European Nutrition for Health Alliance



ISRAËL

KEY POINTS

- Strong stakeholder groups who are fully engaged in process
- Need to work on economic data
- Need to improve screening, assessment, treatment, monitoring, increase awareness, education and support for the issue
- Working on guidelines – have screening in hospital and CH but need to work on other aspects

ACHIEVEMENTS

- Leadership and partnership with Ministry of Health
- Nutrition Day
- Charter signed as stakeholder group, Ministry of Health, patients and industry
- Working groups established – hospitals, community, public awareness, communications,…
- Courses for MDs, RNs, RDs. All undergrad medical students have course on nutrition.
- Using computerized systems to screen better
- Computerized nutritional information within medical and discharge files
- Implementation of a plan weighting patients every year if >75years
- Implementing the 10% decrease in weight or change in BMI
- Improvement of hospital food

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P. Singer. ONCA Berlin 2015

INSTITUT PAUL BOCUSE École de Management Hôtellerie Restauration & Arts Culinaires

IMPROVED MEAL PRESENTATION INCREASES FOOD INTAKE AT A HOSPITAL SETTING

D. Abigail Navarro Msc, RD
May 15th,2014

P. Singer. ONCA Berlin 2015

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תזונה לאיכות חיים

תזונה מונעת - איחוד כוחות
שבוע התזונה בישראל
הכינוס ה-13

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AIR, WATER, NUTRITION! IT'S A BASIC NEED

Food in the hospital

Current

New

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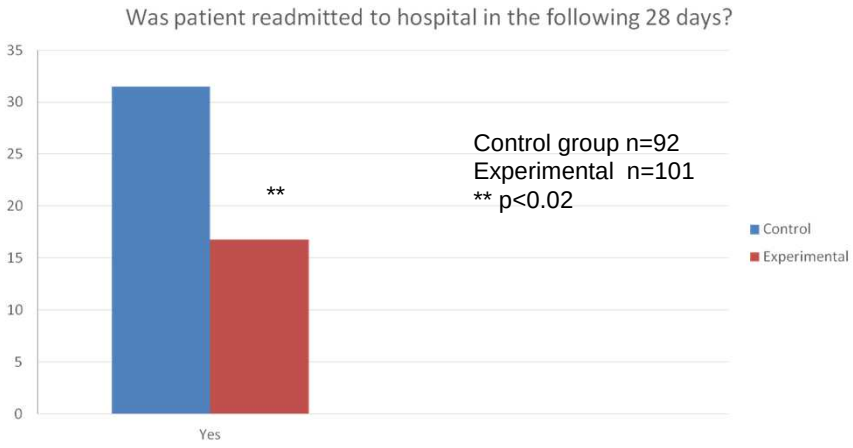
Readmission rate in %



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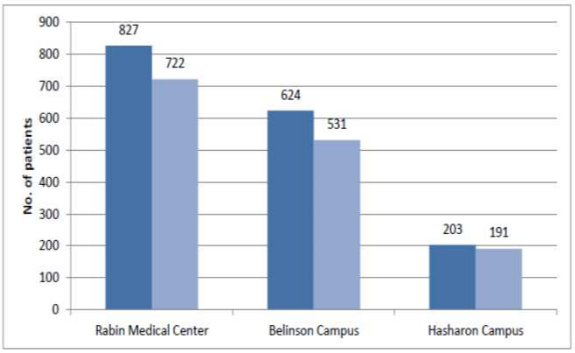
Accreditation process

JCI Accreditation and Its Multiprofessional Impact on Nutrition Care at Rabin Medical Center, Israel

Figure 5. Distribution of the Number of Patients in One-Day Nutrition Care Audit and the Number of Patients with Nutritional Assessment



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GOALS AND KEY PERFORMANCE INDICATORS 2016/2017

Creating a shared vision: alignment in activities, benchmark performance indicators, evaluate and compare progresses

5 priority areas

- Malnutrition actively identified through systematic screening: Should be achieved by National QUALITY INDICATORS SYSTEM
- Malnourished have appropriate care pathways: TO BE IMPLEMENTED BY MOH
- Frontline staff in all care settings must receive appropriate teaching: NURSING COURSES
- Organizations must have management structures in place to ensure best nutritional practice: JCI ACCREDITATION
- Prevention of malnutrition/Public Awareness: MEDIA

NEXT STEPS

- Create teaching integrative programs for health professionals and for patients, and develop intensive nutrition courses
- Gather cost effectiveness data
- ONCA in the City: Patients discharged with malnutrition (45% of the hospitalized) will be rescreened for ability to eat adequately at home by municipality social workers and supported for eating by volunteers if needed
- Public awareness: inspired by the WHO declaration regarding red and processed meat
- Understand patient needs
- Aim to use the ND Pandora score to measure nutritional status
- Assessment and diagnosis by dietitians: all patients in all settings
- Reimbursement of quality nutrition for all including ONS

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The Netherlands

Eva Leistra, PhD

Jos Schols MD PhD, Ruud Halfens PhD,
Cees SmitPhD (hc), Gaston RemmersPhD

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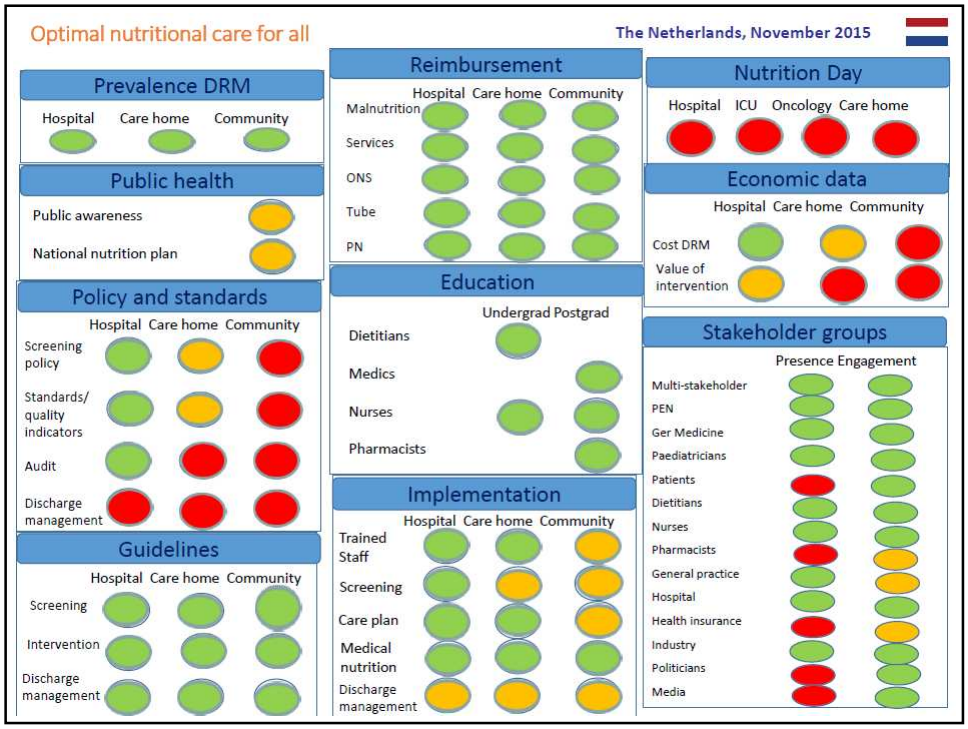

THE NEDERLANDS

KEY POINTS
- Screening and quality indicators in hospitals. Screening in hospitals is mandatory – Dutch Healthcare inspectorate
- Have a national nutrition audit (LPZ/NPOZ)

CURRENT ACTIVITIES
- Collecting prevalence data through LPZ and national undernutrition screening survey (NPOZ)
- Enhancing implementation in all care settings especially continuing care
- Installation of expert and project team
- Establishing DMG as a knowledge centre for health care professionals including scientific advisory board and 3 sections (acute/chronic disease)
- Developing optimal dietetic diagnostics
- Food coalitions

FUNDING
- Implementation projects are funded by Ministry of Health, The Netherlands Organisation for Health Research and Development (ZonMw), Fonds NUTS OHRA (insurance company)
- From industry (MNI) and from care organisations (through LPZ), however, no structural funding received on a European level
- Exploring more structured Ministry of Health funding and crowd funding

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E. Leistra. ONCA Berlin. 2015

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THE NEDERLANDS

Implementation: Dutch Malnutrition Steering Group

Projects (2006-2009) on 'Early recognition and optimal treatment of malnutrition in Dutch hospitals'

Focus on screening and treatment in outpatient departments and in children's departments

Evaluation: Dutch Health Care Inspectorate

Set of performance indicators in hospitals (annual report)

- Malnutrition screening at hospital admission
  All Dutch hospitals report on this benchmark (total number of patients per year: 900.000). Last year's results show that 65% of patients were screened on malnutrition within the first 24 hours of hospital admission.

- Treatment of malnutrition
  Treatment is measured by the percentage of patients with adequate protein intake (1.2-1.5 grams per kg bodyweight) on the fourth day of hospital admission. Last year's results show that only 41% of malnourished patients achieved this benchmark.

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THE NEDERLANDS

Implementation: Toolkit (ex.: checklist for project teams at wards)

	Hospital	Care and Nursing Homes	Home care
For whom?	Preferably all patients	All residents	Patients at risk of malnutrition
By whom?	The diet aide / nurse together with the patient	Care staff together with client and/or family and volunteer carers	Patients toge-ther with family and volunteer carers
When?	From admission	On admission and subsequently before the Multidisciplinary Consultation, when the care plan is amended and/or if nutritional intake is expected to be insufficient	When nutritional intake is expected to be insufficient, when the care plan is amended or at the request of the dietitian.
For how long?	During period of admission	1 week	1 week

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Malnutrition steering group. www.fightmalnutrition.eu

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ACHIEVEMENTS

- Establishment of LPZ(1998, malnutrition module in 2004)
- Dutch Malnutrition Steering Group established 2005
- Platform for Patients and Food established 2014
- Increased awareness by health care professionals and public
- Guidelines and validated quick and easy screening tool for all settings
- Implementations strategies for all settings
- Malnutrition Mandatory quality indicator in health care in hospital setting
- Malnutrition official indication for reimbursement in basic health insurance
- Up to 80% screened in hospital setting, but still work to do on improving nutritional intake through treatment as this does not seem to be as successful

GOALS / KEY PERFORMANCE INDICATORS

- Expand screening to other sectors e.g. nursing homes
- Continue care after hospital discharge
- Continuation and optimization of hospital performance indicators
- Develop LPZ 2.0 with more feedback to the participants and internationalization
- Develop food coalitions

NEXT STEPS

- Strengthen interaction in all care settings including health care professionals, older patients, family and care giver
- Awareness campaign
- Update guidelines

E. Leistra. ONCA Berlin. 2015

THANK YOU FOR YOUR ATTENTION

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